

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90174 036 ***150.00

DOCUMENT # P94000020117

1. Corporation Name

NORTHSIDE PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business

691 DOUGLAS AVE
STE 103
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

681 DOUGLAS AVE.
SUITE #101
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. J

26 691 Douglas Avenue

22 City & State

27 Suite 101

23 Zip

Country

28 Altamonte Springs, FL

24

25

29 32714

30

Seminole

9. Name and Address of Current Registered Agent

GENTNER, ELLEN
681 DOUGLAS AVE.
SUITE #101
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

03/14/1994

4. FEI Number

59-3302401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GENTNER, ELLEN L
STREET ADDRESS 235 SHADY OAKS CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ DELETE

NAME GENTNER, ROBERT N
STREET ADDRESS 235 SHADY OAKS CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ DELETE

NAME GUEST, THOMAS A
STREET ADDRESS 288 BALD EAGLE RUN
CITY-ST-ZIP LAKE MARY FL

TITLE D ☐ DELETE

NAME GUEST, LINDA C
STREET ADDRESS 288 BALD EAGLE RUN
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

4/30/99 407-682-6330

Daytime Phone #

0070108

CR2E034 (11/98)